UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR HUMANITARIAN RESPONSE

GUIDE FOR
DETAILED IMPLEMENTATION PLANS
FOR PVO CHILD SURVIVAL PROGRAMS

OFFICE OF PRIVATE AND VOLUNTARY COOPERATION
PVO CHILD SURVIVAL GRANTS PROGRAM
NOVEMBER 20, 1998

BHR/PVC is grateful for the many contributions to this document from public health specialists consulted through the Macro International Child Survival Technical Support Project, the American College of Nurse Midwives, the BASICS, SEATS, LINKAGES, and OMNI projects, other offices of USAID, and PVOs.

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The enclosed documents and the Detailed Implementation Plan (DIP) review process are designed to help PVOs plan and implement high quality child survival programs. This "Guide for Detailed Implementation Plans" complements the attached "Technical Reference Materials," which briefly describe the essential elements of the child survival interventions supported through the PVO Child Survival Cooperative Agreement Program.

The DIP is the PVO's workplan for implementing the child survival program and is the basis for future evaluation of the program's success. PVOs may make changes in the selection of interventions and implementation strategies in their DIP from what was proposed in their original agreement application. The PVO's CS program is then expected to be implemented according to its approved DIP. Any further changes in the program description, such as interventions, sites, or beneficiaries, must be approved by the PVO's headquarters, USAID/BHR/PVC, and the Agreements Officer.

Generally, the field office of the PVO and the local partners develop the DIP, based on collaborative work at the field level. It is then reviewed and approved by the PVO's headquarters, before being submitted to USAID. One element of "substantial involvement" in your Cooperative Agreement with USAID is approval of the project workplan. USAID will schedule meetings with a representative of your PVO, BHR/PVC staff, and other technical experts, to review the strengths and weaknesses of the DIP and to make recommendations for improvements to insure a successful program.

BHR/PVC welcomes suggestions for improving these documents. Please submit your suggestions for improvement in writing to Ann Hirschey (internet e-mail: ahirschey@usaid.gov) or Katherine Jones (internet e-mail: kjones@usaid.gov), or contribute written or oral suggestions during the DIP review meetings.

Submission Instructions

Please include the following on your DIP cover page: Name of PVO, program location (country/district), cooperative agreement number, program beginning and end dates, date of DIP submission, and (on the cover or on the next page) the names and positions of all those involved in writing and editing the DIP.

Since different sections of the document may be reviewed by different reviewers, to facilitate the review, we suggest that you use the same order and numbering system used in this guide. You may provide tables and additional materials in the main body or in the annexes of your DIP.

Some redundancy in this guide is inevitable, given the interrelated nature of the interventions. You may reference other sections of the DIP instead of repeating the same information in several different sections.

If a topic in this guide does not apply to your program, please indicate this in your DIP. If your program has not yet obtained sufficient information to fully describe an element, then please indicate when and how you plan to obtain this information.

The DIP for each CS-XIV field program is due at BHR/PVC on or before March 31, 1999. We suggest that programs allow sufficient time for field work, writing, and editing. Failure to submit a DIP on time to BHR/PVC could result in a material failure, as described in 22 CFR 226.61.

Please send BHR/PVC the original and two (2) copies of each field program DIP. The original DIP should be one-sided and unbound. The two copies of the DIP should be double-sided, and bound separately. To facilitate review and preparation of approval documents, please also submit to BHR/PVC one diskette of the DIP in Microsoft Word. DIP annexes which are available to you only in hard copy and not on disk may be excluded from the version submitted on diskette. In addition, please send one copy of the DIP to the concerned USAID Mission.

Table of Contents

♦ Please include a table of contents with a list of annexes.

Annexes

A. Field Program Summary (Please complete the tables below.)

PVO/Country: _____ Program duration (dates): _____

1. ESTIMATED PROGRAM EFFORT AND USAID FUNDING BY INTERVENTION

Intervention	% of Total Effort (a)	AID Funds in $ (b)
Immunization	%	$
Nutrition and Micronutrients	%	$
Breastfeeding Promotion	%	$
Control of Diarrheal Disease	%	$
Pneumonia Case Management	%	$
Control of Malaria	%	$
Maternal and Newborn Care	%	$
Child Spacing	%	$
STI/HIV/AIDS Prevention	%	$
Others (specify)	%	$
Total	100%	$

(a) Estimate the percentage of total effort (from USAID and PVO match funding) the program will devote to each intervention to be implemented.

(b) Estimate in US dollars (not in percent) the amount of USAID funding (excluding PVO match funds) the program will devote to each intervention.

2. Program Site Population: Children and Women (c)

Population Age Group	Number in Age Group
Infants (0-11 months)	
12-23 Month Old Children	
24-59 Month Old Children	
Total 0-59 Month Olds	
Women (15-49 years) (d)	

(c) Estimate the number of people in the age group that the program expects to serve. Do not add annual births. If the program is phasing-in geographic areas over time, then estimate the population to be covered by the end of this funding cycle (after all areas have been phased-in).

(d) Estimate the number of women if data is available.

- Estimated annual number of live births in the site: _____
- Sources of the population estimates above: _____

_____

B. Program Location

- Include a readable map which shows the location of the program impact area(s) relative to other regions of the country, and the program area itself. Label towns and give a scale. If possible, indicate existing hospitals, health centers, clinics, and/or health posts.

- Briefly describe the location of the program, and identify the groups targeted for program activities. Briefly describe the socio-economic characteristics of the population, such as economy, religion, ethnic groups, literacy, and status of women. Describe the nature and location of family members' work and identify which family members commonly take care of infants and children. Identify any groups in the program site that you consider at high risk of death, disadvantaged, or under-served. Identify potential geographic, economic, political, educational, and cultural constraints to child survival activities which may be unique to this location.

- Briefly describe the levels and major causes of under-five mortality in the country, and (if available) in the program area, and (if maternal mortality is to be addressed by the program) estimated levels and causes of maternal mortality. Include the sources of all mortality data.

- Briefly describe all the existing public and private, formal and traditional health and child survival related programs, facilities, and activities in the program area.

- While brief, the above information should expand on that provided in the application.

C. Program Goals and Objectives

- Using any format you prefer (tables, graphics, narrative), please briefly state program goals, program objectives (you may express these as results), measurement methods for objectives/results, and major planned activities to achieve objectives. If a table was used in the application, this can be refined and updated. Please see the attached Technical Reference Materials for an example of a chart.

- Please include an objective for each *major* area that a program will address. For example, if resources are devoted to capacity building of local NGOs, please include an objective related to this.

D. Baseline Assessments

- Briefly discuss the types of baseline assessments conducted by the project.

- Summarize the findings of baseline assessments in this section, and/or in other sections of the DIP, as you see fit. For quantitative survey findings, indicators, or objectives, please include numerators, denominators, and percentages. If you changed your program objectives based on the results of the baseline assessments, please describe how you made your decision.

- Please include a full report of the baseline assessments, including a description of methods and copies of questionnaires and other tools, in an annex of the DIP. If available, please include a diskette with any computerized quantitative data that was collected as part of the baseline surveys (e.g., the epi info data from a KPC survey). The Child Survival Technical Support Project is trying to collect this data for future analysis.

E. Program Design

- Describe your overall program design (in greater detail than in the application). Discuss the relationship this program will have with the health facilities, and with other health related activities, in the project area. Describe the process by which eligible women, children, and newborns will enter and participate in the program.

- Describe the process undertaken to involve relevant in-country organizations, community leaders, and community groups in the design of the program (including their participation in the baseline surveys and the detailed implementation plan).

- Discuss the relationship between the choice of interventions and strategies, and: (1) the causes of death, (2) the strengths and weaknesses of existing health services in the area, (3) the preferences of community members, and (4) in relation to the expertise of the staff of your program and its local partners.

- If child survival interventions proposed in the PVO's original agreement proposal have been added or removed, then describe the rationale for the change in interventions between the application and DIP.

- Describe any innovations, new methods, strategies, or materials you plan to implement or develop, which may be used or applicable on a wider scale in the future. If applicable, briefly describe any discussions you have had with the MOH concerning any planned operations research, or concerning any innovations which could be adopted on a wider scale in the future.

F. Partnership

- Public Sector: Describe the PVOs' partnership with the government organizations responsible for implementing primary health care activities in the project area. Describe their current capacity, including available resources (human, material and financial) and managerial ability, and how the PVO plans to increase the managerial and technical skills of the staff. Attach in an annex a copy of the jointly developed and signed agreement which clearly shows the roles, responsibilities, and capacity strengthening plans with these organizations. Identify any other organizations which are already working or will be working in primary health care at the site with the public sector.

- NGOs: Describe the PVOs partnership with the NGO(s) (including local affiliates of the

U.S. PVO) involved in implementing health-related activities in the project area. Describe their current capacity, including available resources (human, material and financial) and managerial capacity, and how the PVO plans to increase the managerial and technical skills of the staff. For each partnership, attach in an annex a copy of the jointly developed and signed agreement which clearly identifies the roles, responsibilities, and capacity strengthening plans. Identify any other organizations which are already working or will be working at the site with the NGOs.

- ♦ Community-based organization(s): Describe the PVOs partnership with the community-based organization(s) involved in implementing health-related activities in the project area. Describe their current capacity, including available resources (human, material and financial) and managerial capacity, and if and how the PVO plans to increase the managerial and technical skills of the staff. Identify any other groups which are already working or will be working at the site with these organizations.

G. Workplan

- ♦ Complete a workplan for the life of the program, in detail for the first two years of the program. Include a calendar of major activities, annual benchmarks toward results/achievements, and indicate responsibilities among field, headquarters, and partners.

H. Sustainability

- ♦ Define what 'sustainability' means from the perspective of the PVO, the program partners, and the beneficiaries.

- ♦ Describe in detail your sustainability plan for the program, including goals, objectives, and activities. Include in your discussion:
  - what the program will leave in place at the end of the agreement;
  - how the financial and non-financial support required to continue program benefits will be sustained after the end of the agreement; and
  - the process used to develop the sustainability plan.

I. Human Resources

- ♦ Update the organizational chart in the application to define the relationships between the types of organizations, committees, and persons related to the project.

- ♦ For each kind of field staff with whom the project will work (including MOH and NGO health workers, their supervisors, and all other personnel involved in the delivery of program-related child survival services):
  (1) list the type and number of health worker (e.g., nurse, community health worker, traditional birth attendant),
  (2) identify their current organizational affiliation (or note that the staff are to be recruited in the future),

(3) identify whether they are paid or volunteers,
(4) list their main duties
(5) estimate their time devoted to child survival activities.

- What is the ratio of health workers to the number of families or beneficiaries?

- Describe the program strategy for training program staff. How will the program ensure that trainees have gained adequate knowledge and skills? (Please provide a broad overview here, as more detailed descriptions can be provided in the detailed plans by intervention.)

- Include in an annex the resumes/CVs of key PVO headquarters and in-country program staff, if these have changed from the application. Name the individual(s) from the U.S. PVO responsible for technical backstopping of this program. How many site visits will be made each year, for how long, and for what purpose?

J. Monitoring and Evaluation

- Describe the monitoring and evaluation plan for the program. Specify which indicators you will collect to monitor program activities and progress towards objectives. Describe how the data will be collected (please note sources of data, e.g. facility-based records, household surveys, etc), who will collect the data, from whom information will be collected, how often it will be collected. Indicate end and midterm (or annual) targets.

- Describe the data management system for this program. How will the paper-based system be managed? What data (if any) will be computerized? What assistance will the program require?

- Describe plans for data analysis, use, and dissemination to program staff, the community, MOH authorities, and the PVO home office. Specify how results will feed into program modification and improvement.

- Describe the methods that will be used to monitor and improve the performance of health workers and the quality and coverage of intervention activities (including those carried out in cooperation with other organizations). Discuss the project's plans for on-going assessments of essential knowledge, skills, practices, and supplies/drugs/equipment of health workers and facilities associated with the project, and use of findings to improve the quality of services. Describe the tools to be used by the project to promote quality of service (such as: guidelines, training curricula and manuals, protocols, algorithms, performance standards, and supervisory checklists, etc), and briefly describe how these tools will be used to assess and improve performance.

K. Budget (only if changed)

- If there have been changes in the program's site, selection of interventions, number of

beneficiaries, international training costs, international travel, indirect cost elements, or the procurement plan, include a revised budget with your DIP. The revised budget is to be submitted on revised forms 424 and 424A with supporting information on all cost changes.

L. Reference Materials

- Identify the principal documents used for the content of health worker training for each intervention. For each reference, identify the organization(s) which published the reference, and the year of publication.

M. Detailed Plans by Intervention

- Include a separate section for each USAID-funded child survival intervention that the program will implement or support. Please address the issues in the intervention-specific sections of this guide, below.

- Please consider the technical support and training your PVO might require to successfully implement each intervention, and describe the support required in the section "Technical Assistance Plan," below.

Programs implementing an immunization intervention should address all of the following issues in their DIP, or explain why an issue is not relevant to the program. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

1. Incidence and Outbreaks

Provide the most recent vaccine preventable diseases surveillance data available for the program area, and discuss the likely completeness of reporting. Describe any outbreaks of vaccine preventable diseases that occurred in or near to the program area within the last two years.

2. Baseline Coverage Estimates

Give the most up-to-date coverage estimates in your service area for DPT1, OPV3, and measles, in children age 12-23 months, and identify the source of these estimates. Estimate the current dropout rate for DPT immunizations [(DPT1 - DPT3) ÷ DPT1]. Estimate the percent of children 12-23 months who are completely immunized. Describe the tetanus toxoid (TT) immunization status of women of childbearing age or the percentage of births protected by TT. Compare your data with the most recent data available for the district, or with national coverage levels.

3. MOH Policies and Current Services in the Area

Describe the MOH immunization strategy. Include the MOH immunization schedule for your country or program area. Include details on any MOH immunization policies that differ from WHO/UNICEF guidelines, and describe why they differ.

Describe the current immunization services in the program area. Are immunizations given from fixed or mobile facilities? Can program beneficiaries obtain immunizations all year, or only during campaigns? What are the means for making up missed immunizations? Discuss the overall quality of existing immunization services, and describe existing barriers to achieving full immunization coverage in the program area.

4. Program Approach

Describe in detail the immunization component for children and for women of childbearing age. Include PVO, NGO and MOH roles in education, community mobilization, vaccine administration, and in monitoring and improving the quality of immunization services. Discuss strategies for reaching “high risk” populations.

5. Individual Documentation

Attach the immunization card that the program will use. How will immunizations be recorded during mass campaigns. On what document will womens’ TT vaccination be recorded? Who keeps the cards? How will the program minimize card loss? What will be done if a card is lost? How reliable is the card supply?

6. Drop-outs and Missed Opportunities

Describe the major causes of, and strategies for reducing, the number of dropouts and missed opportunities for childhood immunization in your program area.

Describe the major causes of, and strategies for reducing, the number of dropouts and missed opportunities for tetanus toxoid immunization of women in your program area, and the strategy for increasing demand for tetanus toxoid immunizations.

7. Vaccine and Equipment Supply and Cold Chain Support

From what source will the program obtain the vaccines? How do they monitor vaccine quality? How will the supply of vaccines be ensured?

Identify existing weak links in the cold chain and the source of this assessment. What does the program intend to do in cold chain maintenance and monitoring? How will malfunctions in cold chain equipment be addressed? Identify (from your procurement plan) equipment you have purchased (or will purchase) to monitor and maintain the cold chain. Discuss how the program will handle the safe disposal of equipment, including syringes.

8. Vitamin A (optional)

If Vitamin A is a problem in the program area, does the PVO plan to incorporate vitamin A supplementation into the immunization program? If so, please describe.

9. Involvement in Polio Eradication Efforts (optional)

Describe any plans for involvement of the program in polio eradication efforts, or in national immunization days.

10. Surveillance (optional)

If you plan to have EPI disease surveillance activities, identify the vaccine preventable diseases that will be under surveillance. Describe the process for identifying, reporting, and following-up suspected cases.

11. Knowledge, Practice. and IEC

Describe current knowledge and practices of mothers and families regarding immunization.

Describe your plans for information, education, and communication for the immunization intervention. Define your behavior change objectives for immunization and the groups to be targeted. Describe the IEC activities to be conducted, who will do the IEC, when it will be done, and how often it will be done. How will the program develop and test IEC messages and materials, monitor the quality of the communications effort, and its impact on caretaker knowledge and practices? What are the key messages the program plans to convey to the population to promote immunization?

PVOs implementing a nutrition and micronutrients intervention are NOT expected to include all components (infant/child nutrition, growth monitoring, maternal nutrition, micronutrients, supplemental foods, and home gardens) in their programs. Thus, PVOs should address all of the issues in only those sections below which are included in the program, or explain why an issue is not relevant to the program. Please address Section VII: IEC, for each intervention selected. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

I. Child Feeding Practices

1. Protein-Energy Malnutrition (PEM) Status

Provide the most up-to-date estimates, and source and year of data, for the percentage of malnourished children in the region or service area by age (0-5, 6-11, 12-23, and 24-35 months). Indicate whether estimates are based on weight-for-height, weight-for-age, or height-for-age measurements/indices, and give the method/expression used (Z-scores, percentage of median, or percentiles) to compare the measurement to reference standards.

Discuss issues of seasonality, gender, ethnic, or demographic characteristics (i.e., ethnic groups, rural or urban residence, region) related to child nutritional status. Describe the food security situation, availability, and access, and likely causes of childhood malnutrition in the program area, including: food crop production, markets, income sources, family food expenditures, dietary content and quality, etc. Include any additional appropriate information which would contribute to understanding the existing nutrition situation.

2. Current Beliefs and Practices

Describe the usual infant and child feeding practices in the area, including breastfeeding, complementary foods, feeding frequency (including during and following an illness), and how children are fed and by whom, by the age of the child (<6 months, 6-11 months, 12-17 months, 18-23 months, and 24+ months).

Describe reasons for current practices, including cultural beliefs of mothers and other family members. What individuals, services, and media may influence child feeding?

3. MOH Policy and Activities in Area

Describe national government policies or programs which affect the nutritional status of infants and children at the community level, including breastfeeding, complementary feeding promotion, supplemental feeding programs, micronutrient supplementation, food fortification and/or gardening programs. Discuss health care providers (medically trained personnel (both public and private), and traditional or non-formal practitioners) knowledge, attitudes, and skills related to counseling on child feeding and nutrition.

4. Program Approach

Discuss your strategy for improving children's nutritional status in the program area. Describe how the program will coordinate nutrition interventions with existing nutrition activities in the

area and with other MCH activities (such as immunization, maternal care, family planning, and IMCI). What strategies will the program use to increase caloric intake and improve dietary diversification in vulnerable children? Discuss how the program will monitor and improve the quality of intervention activities.

II. Growth Monitoring

1. Status of Growth Monitoring

Describe current growth monitoring activities in the program area. What are the beliefs and practices of mothers and families about infant and child growth, and attitudes towards weighing? Discuss beliefs and practices of health workers and operational resource constraints that may affect growth monitoring program development. If the MOH provides growth monitoring/promotion services, include national standards.

2. Approach

Describe how your program will be involved in weighing and measuring children, interpreting growth patterns, and providing nutrition counseling. On which children in the program site will the program focus for growth monitoring? Discuss how the program will train and supervise health workers in all aspects of the program, including counselling. How will the program ensure quality in service delivery?

Describe the program's criteria for determining growth faltering. Once a child is identified as growth faltering, what steps will the program take to improve that child's growth and prevent the child from faltering in the future? What data will be used to monitor the effectiveness of the intervention?

Attach a copy of the growth card the program will use, and describe what the program will do in the case of a lost card. Who keeps the card? How will the program ensure a reliable supply of cards?

III. Maternal Nutrition

1. Maternal/Newborn Nutrition Status

If data are available, what is the baseline height/weight distribution for women in the program area? What is the percentage of women with BMI <18.5 or > 25 to assess maternal chronic energy deficiency and maternal overweight, respectively. What is known about the distribution of weight gain during pregnancy? What is known about the rate of low birth weight in the area (<2.5 kilos)? If unknown, does the program have plans to collect data on the above? What is known about the micronutrient status of mothers? Is information available on Anemia or Vitamin A deficiency? (see section on micronutrients, below). Estimate the percent of women who consume iron, folic acid, vitamin A, vitamin C-rich foods, and iodized salt during pregnancy. Describe the most likely causes of maternal nutritional problems in the program area.

2. Current Beliefs and Practices

What are the local beliefs about food consumption and weight gain during pregnancy and

lactation? From whom do mothers seek advice during pregnancy and lactation? What beliefs do mothers have about their ability to breastfeed successfully? What precautions or changes in work habits do mothers make during pregnancy and lactation? If the program works with women employed in the formal sector, what are the maternity leave policies?

3. MOH Policy and Activities in Area

Describe current nutrition or food policies, programs, and activities, including fortification; supplementation (iron/folic acid); and supplemental feeding programs which affect the nutritional status of pregnant and lactating women in the program area.

4. Program Approach

Explain the program's approach to improving maternal nutrition. How will your program relate to existing government or private programs? If the intervention will promote micronutrients, respond to the questions under the micronutrient section below. How will the program reach high risk groups?

IV. Micronutrients

1. Status

Include estimates of the prevalence of night blindness, anemia, and goiter by target group, where available. Indicate the severity of these problems based on these estimates. Does the program have any other information on micronutrient status, such as vitamin A food frequency scores, supplementation coverage rates, or use of iodized salt? Are there local terms for night blindness, or other indications of VAD? Describe the fortified foods available in the area, and whether children consume them. If the program plans to collect additional data, please describe.

2. MOH Policy

What are the national standards for micronutrient supplements for children and pregnant, postpartum and lactating women? What micronutrient supplements are included in the essential drug supplies?

3. Approach

Describe who will receive micronutrient supplements, the timing and location of the administration, and the specific purpose of the supplementation. Give details on supplement distribution, including the following: dose by age group (for both prevention, and if applicable, treatment); the source and reliability of the supplement supplies; and whether the program or MOH will distribute supplements when needed or through mass campaigns. Define coverage and compliance indicators for monitoring and evaluating iron supplementation interventions. If the program area has a high prevalence of anemia and hookworm, how will the program address this?

V. Supplementary Foods

If the PVO will provide supplementary foods (other than micronutrients) as a complement to the Child Survival activities, identify the food source, and describe the activities planned. Who will be eligible for supplemental feeding? How often will the program give supplementary foods? What

will the supplementary food consist of? Where will the foods be stored? Where will the supplements be distributed and in what quantities? Who will monitor the supplemental feeding, and what will be monitored? For how long will supplementation activities continue?

VI. Home Gardens

If the PVO will promote home gardens as a complement to the Child Survival program nutrition activities, describe the activities, the purpose of these activities, the foods that will be grown, the educational techniques the program will use, and PVO inputs for gardening supplies and agricultural expertise. Describe the program's plans to monitor and evaluate this activity, including establishing baseline conditions. State which family members will be involved in the activity, and what are possible family time and resource constraints to participation.

VII. IEC

Describe your plans for information, education, and communication for each approach to nutrition improvement (feeding practices, growth monitoring, maternal nutrition, micronutrients, supplemental foods, and home gardens) which your program is implementing. Define your behavior change objectives and groups to be targeted. Describe the IEC activities to be conducted, who will do the IEC, when it will be done, and how often it will be done. How will the program develop and test IEC messages and materials, monitor the quality of the communications effort, and its impact on knowledge and practices? Briefly list the key messages the program plans to convey to the target population.

BREASTFEEDING PROMOTION

Programs implementing a breastfeeding promotion intervention should address all of the following issues in their DIP, or explain why an issue is not relevant to the program. If the program intends to integrate breastfeeding promotion into other interventions, then please describe the breastfeeding component in this section. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

1. Knowledge & Practices

Describe current breastfeeding practices in the impact area, including time of initiation after birth, prelacteal feeds, giving of colostrum, duration of exclusive breastfeeding, and duration of overall breastfeeding. Discuss reasons for failure to initiate breastfeeding. What do mothers who work outside of the home typically do?

When and what supplementary liquids/foods are typically introduced? What percentage of mothers are currently bottle feeding their infants, either alone, or as an adjunct to breastfeeding?

What do mothers know about the benefits of breastfeeding for themselves, the child, and for birth spacing? What are the current attitudes and beliefs of other family members, community leaders, and of staff associated with the program towards exclusive breastfeeding, supplementary foods and liquids, and breastfeeding duration?

Discuss constraints, both cultural and economic, to increasing exclusive breastfeeding for the first 6 months, and to continuing breastfeeding through the second year.

2. MOH Protocols & Related Activities in the Area

What are the MOH policies and programs regarding breastfeeding promotion, including national plans and policies on infant formula? If there is a national program, how will this affect the program approach?

Describe any current breastfeeding promotion activities or organizations in the program area, and programs (commercial, public, or private) with policies that discourage breastfeeding or encourage breast milk substitutes. What are the hospital practices in the program area for breastfeeding and infant formula? Discuss health worker training in breastfeeding. Does your PVO have a policy regarding the distribution of infant formula in it's programs? Do child spacing programs in the area include LAM as a method?

3. Approach

Describe your approach to breastfeeding. What are the plans to overcome the constraints? If other breastfeeding promotion activities exist in the program area, how are activities to be coordinated?

If many mothers of young infants work outside of the home, what strategies will the program use? Describe the role of other family members, significant others, or community members in the strategy.

If the program will promote LAM, how will it be integrated into other modern birth spacing activities?

4. IEC and Counselling

Describe your plans for information, education, and communication for breastfeeding. Define your behavior change objectives and groups to be targeted.

What practices will your program promote, and how? What key messages will the program convey about breastfeeding?

Describe the IEC activities to be conducted, who will do the IEC, when it will be done, and how often it will be done. How will the program develop and test IEC messages and materials, monitor the quality of the communications effort, and its impact on caretaker knowledge and practices?

If counselling of mothers is included in the strategy, how will the program assure the quality of the counselling?

Programs implementing a diarrhea intervention should address all of the following issues in their DIP, or explain why an issue is not relevant to the program. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

1. Incidence and Distribution

Give the most up-to-date estimates available for your program area or country for the average number of episodes of diarrhea, per year, per child. (Cite sources of data and year). Describe the seasonal variation in the prevalence of diarrheal diseases. Is dysentery in your program area resistant to some antibiotics? What information is available on the relative importance of acute watery, dysentery and persistent diarrhea as causes of death in children?

2. MOH Protocols and Current Practices

Describe or attach the MOH protocol for standard case management of childhood diarrheal diseases. Include the MOH protocols for the management of acute watery diarrhea dysentery and persistent diarrhea in children. What home available fluids does the MOH recommend? Is there a policy for the use of Vitamin A for children with diarrhea?

Describe current case management protocols or practices at the health facilities, by health workers, drug retailers and traditional healers in your program area. Describe current practices in your service area regarding the use of antibiotics (including metronidazole) and anti-diarrheal medications in the management of childhood diarrhea. To what extent are health workers able to distinguish between the three types of child diarrhea? Discuss the quality of the case management practices for acute watery, dysentery and persistent diarrhea. Do health workers receive regular supervision? What is the quality of this supervision? Are there other methods in place for maintaining the quality of health worker performance? What strategies have been used, if any, to improve the practices of drug retailers and traditional healers?

3. Knowledge and Practice

Describe current knowledge and practices of mothers in the area regarding prevention of childhood diarrhea and the use of oral rehydration therapy for treatment. Include information on local words for diarrhea and its signs; perceived causes; knowledge of risk factors, including hygiene behaviors; recognition of acute watery diarrhea, dysentery, persistent diarrhea, and dehydration; perceptions of severity; and home care, feeding, and breastfeeding practices. When do parents seek outside care for diarrhea, and whom do they consult?

4. Approach

Describe your CDD intervention. Describe or attach your protocol for home management of diarrheal diseases in infants and children, and for the management of more severe cases, including persistent diarrhea and dysentery. Describe the key hygiene behaviors that you will promote.

If the program will train or supervise MOH staff (and/or private practitioners or retailers) in diarrhea case management, then describe your plans for improving their case management practices. Also describe their role in promoting prevention. How will program activities be monitored and evaluated.?

5. ORS and Home Available Fluids

If the program is promoting the use of ORS packets, describe the ORS supply, logistics, distribution, availability, and the cost of ORS packets to mothers. How will the program monitor mothers', other caretakers', and health workers' skills in ORS preparation and use? Comment on the sustainability of ORS use in terms of cost recovery (if appropriate) and continued reliable supply.

If the program will promote the use of home available fluids, which widely available fluids will the program promote for the prevention of dehydration?

6. IEC

Describe your plans for information, education, and communication for prevention and management of diarrhea. Define your behavior change objectives and groups to be targeted. Describe the IEC activities to be conducted, who will do the IEC, when it will be done, and how often it will be done. How will the program develop and test IEC messages and materials, monitor the quality of the communications effort, and its impact on caretaker knowledge and practices? What key messages will the program convey to the general population? Will the program educate caretakers about specific ways to prevent diarrhea? If so, what will be taught, and how will these educational activities be implemented and evaluated?

7. Prevention

If planned, include a brief description of water supply and sanitation activities. Indicate how the community will be involved in the design and implementation of the activities and how sustainability will be achieved in terms of cost recovery mechanisms, operations, and maintenance.

Programs implementing a pneumonia intervention should address all of the following issues in their DIP, or explain why an issue is not relevant to the program. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

Standard Case Management

1. MOH ARI case management policies

- Which types of people (such as doctors, nurses, other paid health workers, volunteers, drug sellers, traditional healers, etc) are allowed to give antibiotics? What ARI (or IMCI) training programs and materials are available for these types of health workers?

- Which antibiotics does the MOH currently recommend for pneumonia, and for severe pneumonia, in older infants/children, and in young infants?

2. Use of case management services in the program area

- Describe the types and numbers of health providers in your area (such as MOH and other facilities, private practitioners, CHWs, drug sellers, traditional healers, etc) that currently treat children with pneumonia.

- Estimate the relative utilization of each type of provider (percent of all childhood pneumonia-related visits to each type of provider, as estimated using the KPC or other survey).

- Comment on the use and/or feasibility of in-patient care for infants and children from your program site.

- For follow-on programs (and for other programs with data available): What is the rate of treatment for childhood pneumonia in your area over the last year? (Number of episodes of pneumonia/severe pneumonia treated with antibiotics by health providers with whom the program is working, per infant/child under five, in one year.) If data are available: What is the rate of treatment for pneumonia in young infants, in older infants, and in one to four year old children?

3. Quality of case management services in the program area

- Estimate the percentage of each type of provider trained in standard case management of ARI (or in IMCI). How often are these providers supervised regarding their case management practices?

- Describe your findings regarding the pneumonia case management knowledge and practices of current providers in the program area. Describe the supply of appropriate antibiotics available to these providers.

4. Monitoring, improving, and sustaining the quality of case management

- Which types of health providers will the child survival program work with to monitor and/or improve pneumonia case management services?

- Describe in detail your plans for monitoring and improving the case management practices of each type of health provider associated with the program, including your plans for training and supervision.

- How will the program insure good continuing assessment, classification, and treatment practices?

- Describe what antibiotics will be made available, how they will be distributed, at what cost they will be made available to users, and how the procurement of the antibiotics will be sustained over time.

5. Involving workers who do not currently treat pneumonia

- Will the program provide pneumonia-related training to any types of workers (such as community health workers) who do not currently treat childhood pneumonia? If so, briefly describe the responsibilities these workers will have regarding pneumonia.
- Will these workers provide antibiotics for children with pneumonia? If so, is this approach approved by the MOH? How many of these additional workers will be trained to treat pneumonia? Will they provide treatment from their homes, or from other places?

6. Program protocols for pneumonia case management

- Describe (or include in an annex) the program's protocols for the assessment, classification, treatment, and referral, for ARI, for each type of health provider associated with the program. (Include the signs that will lead to antibiotic treatment for infants under two months of age, for older infants, and for 12 to 59 month old children, and the signs which will result in referral to a higher level of care. Include cut-offs for fast breathing for each of the three age groups. List the antibiotics which each type of health worker will use for pneumonia.)

- How will children be assessed for fast breathing? How will workers be trained to recognize chest indrawing?

- Estimate the extent of falciparum malaria transmission in your program area. If applicable, describe how each type of health provider will address the overlap in the signs of malaria and pneumonia. Which drugs will be used for children with pneumonia who also have a fever, and for children without pneumonia who have a fever?

7. Counselling for antibiotic use, home care, and referral

- Who will do counselling regarding antibiotic use and home care for children with pneumonia, and when will this counselling be done?

- How will health workers determine whether caretakers of children requiring referral will promptly seek care at a referral facility? (In other words, how will workers decide whether referral is feasible for a family?) What will be done when referral is not feasible for a family? How will the program monitor and improve the quality of counselling?

8. Follow-up of children treated for pneumonia

Briefly describe or attach the program's protocol for follow-up of cases under treatment:

- How will you check whether caretakers know how to give oral antibiotics correctly, and actually give the proper dose/course? How will you define compliance failure, and what will be done in cases of compliance failure?

- How will you determine whether treatment was successful, define a treatment failure, and how will you manage cases of treatment failure?

Adequate Access

9. Assessment of current access

- Estimate how much time and money it currently costs people from different areas of the program site to reach and use the services of their nearest providers of antibiotic treatment for pneumonia. (Include two-way travelling costs in time and money, waiting time at providers, and purchase of antibiotics and other fees.) Describe other important problems in your area related to access.

10. Definition of adequate access

- Define the level of access (in terms of time and money) that the program considers "adequate" to allow caretakers in your area to promptly seek and use case management services.

11. Increasing access

- Estimate the percentage of the target population which currently has adequate access to treatment, or identify those areas/groups which do not have adequate access.

- Describe what (if anything) the program will do to increase the level of access.

- Estimate the percentage of the target population which will have an adequate level of access to treatment following actions to increase access.

Prompt Care Seeking

12. Beliefs, practices, and vocabulary

Briefly discuss what you have found regarding the following issues, and/or your plans for investigating these issues in the near future:

- What are the local words for fast breathing, difficult breathing, chest indrawing, and for stopped feeding well (or breastfeeding poorly) in a young infant? Which signs are recognized by caretakers and considered serious?

- Which pneumonia-related signs lead caretakers to seek help outside of the household, how promptly is care sought, and from whom is help obtained?

- Who makes decisions in the household about when and from whom to seek outside care?

- What are the barriers in your area to prompt recognition, and to prompt care seeking?

13. Communications for recognition and care seeking

Describe how information regarding local beliefs, practices, and vocabulary related to pneumonia recognition and care seeking will be used by the program:

- For older infants and children, which key messages will the program emphasize regarding recognition and care seeking, and to whom (which groups) will this education be directed? How will this information be communicated, who will do this communication, when will it be done, and how often will it be done?

- For young infants, which key messages will the program emphasize regarding recognition and care seeking, and to whom (which groups) will this education be directed? How will this information be communicated, who will do this communication, and when will it be done?

- How will the program develop and test messages and materials, and monitor the quality of this communications effort and its impact on caretaker knowledge and practices?

PVOs implementing a malaria intervention may include all approaches to malaria control (malaria case management, antenatal prevention and treatment, and insecticide-treated mosquito nets) in their programs, but are NOT expected to do so. Thus, PVOs should address all issues in only those sections, of the three sections below, which are included in the program, or explain why an issue is not relevant to the program. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

I. Malaria Case Management

1. Impact of malaria in the community

What is the estimated level of malaria-related morbidity and mortality among children in the program area? How is this estimate made? What proportion of children are estimated to have chronic or persistent malaria with anemia? How is this measured? Describe the seasonality of malaria and malaria-related morbidity and mortality in the program area.

2. Case management policies & availability of appropriate drugs

What are the MOH policies and protocols for the management of malaria in health facilities and by community health workers? What are the MOH policies related to the overlapping presentation of malaria and pneumonia? What antimalarial drugs are available in health facilities, grocery stores, markets, and private pharmacies? Describe the pattern of drug resistance in the program area and whether alternate drugs are available and affordable.

3. Knowledge and practices related to recognition and treatment

What are the local words used for severe and non-severe malaria that may influence decisions in treatment seeking behavior? What are the local terms for conditions compatible with severe malaria, for which people may use traditional treatments in the home or from traditional healers, instead of modern antimalarial drugs?

How serious do parents in the program area consider malaria in children and malaria in themselves? How is malaria being managed in the home? Who do they consult, or where do they take their children when they suspect malaria (to a health facility, a registered pharmacy, a community health worker, or a private clinician, drug seller, or traditional healer)? Describe traditional practices for the treatment of malaria episodes in children at home. Describe any other important local beliefs and practices concerning malaria.

What are the most important social, economic, and/or cultural barriers to malaria management and prevention in your area? What additional qualitative or ethnographic studies concerning the malaria intervention will be conducted by the program?

4. Improving case management by health providers and in the home

Describe the current case management practices of health workers and of shop keepers in your area, and your planned approach for improving malaria case management. How will the program collaborate with the MOH in implementing the malaria component? Describe the access to treatment for severe malaria at health facilities, and plans to insure referral of severe cases by health workers and shop keepers.

Attach the program's protocol for the case management of malaria at all levels (including how the overlap in the presentation of malaria and pneumonia will be addressed by all those who assess or treat children for malaria or fever).

Will the program teach caretakers how to treat malarial attacks with over-the-counter drugs or train storekeepers in malaria treatment? How will the program ensure that shops sell appropriate drugs, proper dosages, and full courses of treatment?

II. Antenatal Prevention and Treatment

1. Impact of malaria in pregnancy in your program area

Based on information from local hospitals, antenatal clinics, or from community surveys, what proportion of pregnant woman are infected with malaria, what proportion are anemic, and how common are complications of malaria in pregnancy? What percent of pregnant women attend antenatal clinic, and when do they first visit?

2. Drug treatment or prophylaxis protocol

What is the pattern of drug resistance in your area? What drugs are available? Based on this information, what drug treatment or prophylaxis protocol will you use for malaria in pregnancy?

What is the current MOH policy on antenatal treatment and prophylaxis? If the program protocol is different from MOH policy, why is there a difference, and is your protocol acceptable to the MOH? Will the program contribute to changing MOH policy?

3. Plan for providing malaria treatment or prophylaxis

What proportion of pregnant women visit an antenatal clinic, and when do they visit? What efforts will be made to reach women pregnant for the first time? How will you provide malaria treatment and/or prophylaxis to pregnant women? How does this fit in with your overall plan for providing maternal and newborn care?

4. Acceptability and feasibility of the protocol

The following questions should be addressed for both mothers and health workers who will be providing antenatal services: Is malaria or anemia recognized as a complication of pregnancy, and are the proposed drugs acceptable? Why? How would you address their concerns if they are not acceptable? What other health communication activities will you carry out to promote acceptance of this protocol?

III. Insecticide-Treated Mosquito Nets

1. Demand and appropriate use

Does malaria transmission occur throughout the year, or only during certain months?

What is known about current use of untreated nets, including the proportion of houses with nets, who in the household uses nets, and seasonal patterns of net usage? What is known about acceptability of insecticide treatment and re-treatment of nets?

What plans do you have to ensure that the mosquito net program reaches children under five years of age?

2. Access and affordability

Are any nets currently available for sale in your area? What material are they made of? Are nets produced locally? Is there a system for distribution and sales of the nets within the country? If appropriate nets are not locally available and your organization plans to import them, what are the associated costs (taxes, fees etc.)?

Describe how the program will organize the purchase, distribution, and re-treatment of the mosquito nets. What insecticide, dosage, and frequency of re-treatment have you chosen? Has this insecticide been registered for public health use in your country?

How much will the program charge for nets and for re-treatment, and how will this financing be organized? If either nets or insecticide will be sold at subsidized prices, who will pay for these subsidies when the program ends?

What local institutions will be involved in implementing and sustaining the intervention, e.g. rural credit schemes, agricultural cooperatives, health facilities, local shop owners, district and village governments? Is this program being coordinated with other mosquito net programs being implemented in the country, e.g. with regard to choice and import of insecticide and nets, and communication and financing strategies, etc.?

Discuss likely constraints to the success of mosquito net activities and approaches to overcome these constraints.

IV. IEC

Describe your plans for information, education, and communication for each approach to malaria control (malaria case management, antenatal prevention and treatment, and insecticide-treated mosquito nets) which your program is implementing. Define your behavior change objectives and groups to be targeted. Describe the IEC activities to be conducted, who will do the IEC, when it will be done, and how often it will be done. How will the program develop and test IEC messages and materials, monitor the quality of the communications effort, and its impact on knowledge and practices? Briefly list the key messages the program plans to convey to the target population.

Programs implementing a maternal and newborn care intervention should address the following issues in their DIP, or explain why an issue is not relevant to the program. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

1. Baseline Information

What information exists concerning maternal mortality and morbidity in the program area? What are the main causes of maternal mortality? What is the level of maternal malnutrition? To what extent does high fertility contribute to maternal mortality?
What information exists concerning neonatal mortality? What are the main causes of death?

2. MOH Policies, Current Public and Private Services

Briefly describe the national maternal health policies and programs which affect the program area. What is the present commitment of the MOH (or other service provider in the project area) to safe motherhood?

Describe the public and private services and facilities currently available in the program area, including prenatal, birth, and postpartum care. Which essential elements of care do these facilities provide? What equipment, drugs, and supplies are available for essential obstetric care? What is the quality of these services, and how are they utilized by the community?

Describe the birth attendants in the program area and approximately how many births per year are attended by each type: trained professional (nurse, midwife, or physician); trained traditional birth attendant; untrained traditional birth attendant; husband or other family member; self or other (specify).

Define the level of access (in terms of time, money, and available transportation) that the program considers "adequate" to allow women and their families in your area to promptly seek and use essential obstetric care. Estimate the percentage of the program beneficiary population that currently has access to essential obstetric care, and identify those areas/communities/groups which do not currently have adequate access. What are the main constraints to emergency obstetric services.

3. Knowledge and Practices

What are the barriers to prompt care-seeking for obstetric emergencies? What is the knowledge of women and families about danger signs that indicate the need for prompt care-seeking during pregnancy, labor and delivery, and post-partum.

What signs and symptoms of obstetric complications would lead women and families to seek outside help? Who makes the decisions in the household about when and from whom to seek care outside the home? From whom do women and families seek care for these signs?

4. Approach

Which maternal/newborn care activities will the program implement (i.e., prepregnancy and antenatal care, delivery care, postpartum care and newborn care)?

How will the maternal and newborn care intervention be linked to government policies and programs? Describe how the program intends to develop a relationship with the referral facilities to improve the quality of maternal care services, and to accept women with obstetric emergencies.

Describe how the program will improve access of the beneficiary population to facilities providing quality emergency obstetric care. Estimate the percentage of the beneficiary population that will have adequate access to an emergency obstetric care facility by the end of the program.

If the program intends to provide postpartum care services, describe how the program will provide education for postpartum women. Will community health workers make postpartum visits? How, when, and by whom, will program identify and address post-partum problems?

If the program will be training personnel to assist deliveries: discuss the program's training curricula for each type of worker (TBA, clinic staff, community worker).

(a) What curriculum will be used (PVO-designed, or that of another agency)?
(b) Describe the components of the training program for obstetric first aid
(c) Describe the materials (e.g. TBA kit) personnel will receive
(d) How will the birth attendant handle a complication or emergency? What is the chain of referral to get help, and what tool(s) will be used for assessing the need to refer? By whom will it be used?
(e) Describe the immediate care of the newborn the birth attendant will be trained to give.

Describe activities that will be undertaken to assure the technical, financial, and organizational sustainability of the selected activities.

Describe and/or attach the program's documentation method for the maternal care intervention.

How will the program monitor the quality of services provided?

5. IEC

Describe your plans for information, education, and communication for maternal and newborn care. Define your behavior change objectives and groups to be targeted. Describe the IEC activities to be conducted, who will do the IEC, when it will be done, and how often it will be done. How will the program develop and test IEC messages and materials, monitor the quality of the communications effort, and its impact on knowledge and practices? Briefly list the key messages the program plans to convey to the population.

Programs implementing a child spacing intervention should address all of the following issues in their DIP, or explain why an issue is not relevant to the program. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

1. Current Status of Family Planning Usage

What information exists concerning family planning in the program area? What percent of mothers in the program site who do not want another child in the next two years, or are not sure, are using a modern contraceptive method? Include estimates of contraceptive prevalence, drop-out rates, and unmet need (and discuss the source of information).

2. MOH Policies, Current Services, Knowledge and Practices

Briefly describe the national family planning policies and program. Describe the services and facilities currently available in the program area, including the number and types of trained providers, the current commodity supply, distribution and storage system, and available counseling and referral systems. What family planning methods are currently accessible to women in the program area? Are contraceptive commodities easily available? Describe the current mechanism for obtaining contraceptives for women wishing to use them.

What are the main constraints to family planning? Describe constraints to: (1) maintaining a supply of contraceptive commodities, (2) educating women and men about family planning, (3) making contraceptives easily available, and (4) acceptance of contraceptives and acceptability of available services.

What are the perceptions of both users and non-users of currently available services (discuss the sources of this information)? What do community members (mothers, fathers, adolescents, elders) think about the current quality of child spacing services in the area?

3. Approach

Which of the following family planning activities will the program implement?

(a) *Client identification* - identifying men and women who desire family planning services. Describe who will do the identification, how they will be trained, and what will be the next step for the couple, once identified.

(b) *Commodity Management* - distributing family planning commodities. Describe what commodities will be made available, how they will be distributed, at what cost they will be made available to users, how the procurement of the contraceptives by the couple will be guaranteed over time, and how a constant supply of family planning commodities will be maintained.

(c) *Training* - attach the program's family planning training curricula for each type of worker (CBD, TBA, clinic staff, community worker).

(d) *IEC* - describe your plans for information, education, and communication for child spacing and family planning. Define your behavior change objectives and groups to be targeted. Describe the IEC activities to be conducted, who will do the IEC, when it will be done, and how often it will be done. How will the program develop and test IEC messages and materials, monitor the quality of the communications effort, and its impact on knowledge and practices? Briefly list the key child spacing messages the program plans to convey to the population. What

IEC materials are currently available for use by clients and by service providers?

(e) *Quality Improvement* - for both temporary and permanent methods, how will the quality of services be monitored and improved? What procedures will be used for infection prevention? What systems will be in place for provider supervision?

(f) *Sustainability* - describe efforts which will be undertaken to assure the technical, financial and organizational sustainability of the selected activities.

How will the family planning intervention be linked to government family planning policies and programs, and other nongovernmental groups providing FP services? Describe the relationship between approaches implemented through community-based workers, and those carried out by clinic-based practitioners. Describe and/or attach the program's documentation method for the family planning intervention.

STI/HIV/AIDS PREVENTION

Programs implementing an STI/HIV/AIDS intervention should address all of the following issues in their DIP, or explain why an issue is not relevant to the program. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

1. Baseline information

What is the approximate prevalence and trend of HIV infection in the adult population in the program area and/or in other similar areas and populations of the country? Cite sources. If known, state the approximate prevalences of other STIs in the program area or region. What is the prevalence of positive syphilis serologies (blood tests) among women or among pregnant women in the program area?

Describe the relevant knowledge, beliefs, attitudes, and practices of adolescent and adult women and men in the program area related to the transmission and prevention of HIV infection. Include attitudes toward male and female fidelity, fertility, and family planning, and attitudes towards other STIs and regarding tuberculosis, if known.

What are the key factors that facilitate, or could facilitate, the spread of HIV infection in the program community? Describe the relevant findings from the HIV/AIDS portions of the baseline assessments.

2. MOH Policies and current activities in area

Briefly describe national policy and programs related to HIV/AIDS, including mandatory reporting regulations, and the confidentiality of sero-status. Describe or attach the national guidelines for the diagnosis and treatment of STIs, including regulations regarding partner notification and contact tracing.

What reproductive health services, including diagnostic services and supplies for treatment of STIs, are available in the area? What is the prevalence of modern contraceptive use? Describe condom supply and availability, including kinds of outlets and cost. Describe any activities related to HIV/AIDS prevention, care, and support that are currently under way (by any group) in the program area.

3. Experience and Constraints

What is the experience of program staff in HIV/AIDS-related activities? If negative community perceptions are anticipated, then what de-stigmatization strategies are planned?

4. Approach

Describe the HIV/AIDS component of the program. Include the general strategies that will be used, and describe the activities that will be carried out for the prevention, diagnosis, and counselling for HIV/AIDS, the social marketing/distribution of condoms, and approach for STI prevention and treatment. What activities will be conducted with families whose members are already infected with HIV? Who will the program train to provide HIV/AIDS prevention, care, and/or support services?

5. IEC

Describe your plans for information, education, and communication for HIV/AIDS prevention, care, and/or support. Define your behavior change objectives and groups to be targeted. Describe the IEC activities to be conducted, who will do the IEC, when it will be done, in what setting, and how often it will be done. How will the program develop and test IEC messages and materials, monitor the quality of the communications effort, and its impact on knowledge and practices? Briefly list the key messages the program plans to convey to the target population.

Programs implementing or supporting an IMCI strategy should address all of the following issues in their DIP, or explain why an issue is not relevant to the program. If the program has not yet obtained sufficient information to answer a question, then please indicate when and how you plan to obtain this information.

1. MOH strategies, activities, and training materials

Please describe in detail, or attach, the IMCI strategy of the MOH. Which elements of the case management/health facility staff skills component of IMCI (case management for diarrhea, ARI, malaria, etc.) are part of the national strategy? Which elements of the health systems strengthening component, and of the family and community practices component, are part of the MOH IMCI strategy? If planned decribe ways that the PVO will facilitate linkages between organizations in

At what stage in the process of adaptation and implementation of IMCI is the MOH's national IMCI effort? What IMCI-related activities have been conducted in the child survival program site to date (including staff training), and what is the MOH schedule for IMCI implementation in the program site over the next three years? Are supervisory support systems in place?

Describe the IMCI training and other materials that the MOH is using for each component of IMCI.

2. Role of the child survival program in IMCI

Please describe in detail the role of the child survival program in IMCI, and the relationship between the program and MOH IMCI activities in the program area. Which elements of the case management/health facility staff skills component of IMCI (case management for diarrhea, ARI, malaria, etc.) will the child survival program support? Which elements of the health systems strengthening component, and of the family and community practices component, will the child survival program be involved with?

Attach in an annex a copy of the jointly signed agreement between the PVO/child survival program and the MOH/district health office which clearly identifies the roles and responsibilities of the program with regard to IMCI.

3. Specific components of the child survival program's IMCI strategy

For each component of IMCI which the child survival program will implement or support, please address the issues in the relevant sections of this document in your DIP. (For example, if your IMCI strategy includes ARI, then please address the issues of the "Pneumonia Case Management" section of this document in your DIP, and do the same with regard to diarrhea/CDD, malaria case management, insecticide treated bednets, etc.).

If your IMCI strategy includes a component which is not covered in these guidelines, then please describe your plans for implementing this component.

N. Technical Assistance Plan

- Briefly describe the qualifications and experience of key PVO headquarters, country, and program site staff with regard to each of the program's child survival interventions. If staff lack experience with any intervention, describe how intervention-specific knowledge and skills will be increased. If the program plans to obtain technical assistance for specific interventions or other components of the program, state the source and schedule of technical assistance, as currently planned. If known, please provide names and contact information for the consultants (both in the host country and international) the program is planning to use. This information will assist the Child Survival Technical Support Project and CORE to develop a database of qualified consultants for PVO programs.

ANNEXES

I. Response to Proposal Review Comments: Explain how the DIP responds to each concern expressed in the technical review of the original application. You may reference the section of the DIP that addresses the concern.

II. Response to Final Evaluation Recommendations (if applicable): If this is a DIP for a follow-on program and a final evaluation has been completed, how is the program addressing each of the recommendations made in the final evaluation? You may reference the section of the DIP that addresses the recommendation.

III. Report of baseline assessments, including description of methods, and copies of questionnaires and other tools.

IV. Agreements with other organizations.

V. Resumes/CVs of key PVO staff (if changed from application).

VI. Other annexes (as desired).